## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869859 APPLICANT(S) FILING DATE

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|               |          |  |                     |                |                        |  | CLAIM |
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| TOTAL IND.      | •            | <b>.</b>     |                          |  |              |  |  |
| TOTAL<br>DEP.   | · · · · ·    | ₩.           |                          | * <b>(88</b> )                                   |              | <b>'••</b> "                                     |  |
| TOTAL<br>CLAIMS | <del> </del> |              |                          | 200  | -            |  |  |
| CLAIMS          | L            |              | <del></del>              | المسيم وسلنية                                    | L            | I THE PERSON                                     |  |

<sup>\*</sup> MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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